

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 21075

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name MARK HANSON

P.O. Box, Bldg., Room No., if any

Street 1107 E. SOUTH ST.

City CLINTON

State IL ZIP Code + 4 61727

4. Name, file number, and address of labor organization.

Name LABORERS INTL UNION OF N. AMERICA

Labor Organization File Number 006-131

P.O. Box, Building and Room Number, if any

Street 905 16TH ST, NORTHWEST

City WASHINGTON

State DISTRICT OF COLUMBIA ZIP Code + 4 20006

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

L. Mark Hanson

On

8-15-05

Date

217 971 1963

Telephone Number

Name of Person Filing

L MARK HANNON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any).

Name LAKIN LAW FIRM

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

PO BOX 27

Street 251 OLD ST. LOUIS RD.

City WOOD RIVER

State IL

ZIP Code + 4 62095

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE LEGAL SERVICE FOR LABORERS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

OWNER AT MASS PARTY 12-10-2004

\$ 6500

12.b. Amount.

36500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing S MARK SHAW	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LARKIN LAW FIRM</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO Box 27</p> <p>Street 251 OLD ST. LOUIS RD.</p> <p>City WOOD RIVER</p> <p>State ILL ZIP Code + 4 62095</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">PROVIDE LEGAL SERVICE FOR LABORERS</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received. 12-10-2004</p> <p style="text-align: center;">ROOM FOR XMASS PARTY</p> <p style="text-align: right; font-size: 1.5em;">\$60.00</p> <hr/> <p>12.b. Amount.</p> <p style="text-align: right; font-size: 1.5em;">\$60.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>S MARK HANNA</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>CENTRAL CAREERS PENSION</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>PO Box 1267</u> Street City <u>JACKSONVILLE</u> State <u>FL</u> ZIP Code + 4 <u>62651</u>	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>PROVIDE PENSION ANNUITY & BENEFITS TO QUALIFIED PARTICIPANTS</u> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <u>5-84-24</u> <u>ATTACHED EDUCATIONAL SEMINAR ON CAPITAL STEWARDSHIP IN THE CAPACITY OF FUND TRUSTEE</u> <u>\$6578</u> 12.b. Amount. <u>\$6578</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment:
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment:

Name of Person Filing

S MARK HAMMOND

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street

City JACKSONVILLE

State ILL ZIP Code + 4 62661

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE PENSION + ANNUITY
BENEFITS TO QUALIFIED PARTICIPANTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received. 5-25-04
ATTENDED EDUCATIONAL SEMINAR
ON CAPITAL STEWARDSHIP IN THE
CAPACITY OF FUND TRUSTEE

50.00

12.b. Amount.

50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

5 MARK HANCOCK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O BOX 1267

Street

City JACKSONVILLE

State ILL ZIP Code + 4 52651

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE PENSION + ANNUITY
BENEFITS TO QUALIFIED
PARTICIPANTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received. 5-23-01
ATTENDED EDUCATIONAL SEMINAR
ON CAPITAL STEWARDSHIP IN THE
CAPACITY OF FUND TRUSTEE
HOTEL 321 '18

12.b. Amount.

1321 '18

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

S MARK HANSON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O Box 1267

Street

City JACKSONVILLE

State FL ZIP Code + 4 62651

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE PENSION + ANNUITY
BENEFITS TO QUALIFIED PARTICIPANTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received. 5-23-04
ATTENDED EDUCATIONAL SEMINAR
ON CAPITAL STEWARDSHIP IN THE
CAPACITY OF FUND TRUSTEE
REGISTRATION MILAGE 12413

12.b. Amount.

12413

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing 5 MARK HANCOX

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS UNION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1867

Street

City JACKSONVILLEState FL ZIP Code + 4 32651

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE PENSION & ANNUITY
BENEFITS TO QUALIFIED
PARTICIPANTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received. 5-1-04
ATTENDED EDUCATIONAL SEMINAR
ON CAPITAL STEWARDSHIP IN THE
CAPACITY OF FUND TRUSTEE
REGISTRATION #868⁰⁰

12.b. Amount.

\$868⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>S MARK HANCOCK</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name if any).</p> <p>Name <u>SOUTH CENTRAL ELECT</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1 NORTH OLD CAPITAL PLAZA SUITE 525</u></p> <p>City <u>SPRINGFIELD</u></p> <p>State <u>ILL</u> ZIP Code + 4 <u>62707</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>LABORER-EMPLOYEE COOPERATIVE EDUCATION TRUST (LECT) SECURES JOBS PROJECT 1500S INCREASE UNION SECURITY</u></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>8-2-2004</u> <u>KNIFE + FLASK \$42.81</u></p>
	<p>12.b. Amount. <u>\$42.81</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

S MARK HANE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 OLD NORTH STATE CAPITAL

City SPRINGFIELD

State IL

ZIP Code + 4 62701

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LECT FOR AGGRAVATED JOBS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EDUCATIONAL SEMINAR IN FLORIDA

MEALS
\$ 103.52

12.b. Amount.

103.52

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

RE: FORM LM-30 FILING S. M. AAR HANCO

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

